



<b>State Directed Payment Description</b>	<b>State Directed Payment Requirement</b>	<b>Effective Date</b>
CTC payment	\$0.81 PMPM paid to the Care Transformation Collaborative for administration of the program, for each member attributed to providers that meet the OHIC definition of PCMH. Administration includes such activities as: practice facilitation, technical assistance, coaching, and learning collaboratives to support practices in achieving the necessary requirements to become NCQA and OHIC recognized as a PCMH upon completion of the program.	7/1/2023
Early Intervention	Pay no less than the fee-for-service fee schedule	7/1/2023
Home Delivered Meals	Pay no less than the fee-for-service fee schedule	7/1/2023
Home Health	Pay no less than the fee-for-service fee schedule	7/1/2023
Hospital Inpatient and Outpatient Rates	3.8% increase over prior year rates, including Level IV alcohol and drug detoxification program rates as described in the pre-print	7/1/2023
Hospital Separate Payment Term	Following CMS approval of this separate payment term, EOHHS will issue quarterly payments to the MCOs outside of the capitation rates, to be paid to hospitals in Rhode Island pursuant to the preprint. The payment will be based upon a uniform percentage increase based upon the estimated difference between Medicaid and the average commercial rate (ACR), adjusted downwards for available funding. The first three quarters will be paid out in an amount equal to 100% of the quarterly value. The last quarter will be paid out at 80% of the quarterly value, with the balance distributed to plans with the final reconciliation for the fiscal year, which will be completed in October, allowing for three full months of claims run-out. The final reconciliation will tie payments to actual utilization during the rating period.	7/1/2023
Labor and Delivery to hospitals	Pay no less than the fee-for-service base rate as illustrated in the inpatient fee schedule for the following AP-DRGs: 540-1 to 540-4, 541-1 to 541-4, 542-1 to 542-4, and 560-1 to 560-4. This adjustment replaces the previous legislatively directed 20% increase to these services.	7/1/2022
Nursing Home Rates	6.9% increase over prior year rates, of which 1.5% is attributable to the provisions of 40-8-19(vi) related to minimum staffing, as described in the pre-print	10/1/2023

State Directed Payment Description	State Directed Payment Requirement	Effective Date
PCMH PMPM	\$3.00 PMPM for each member attributed to providers that meet the OHIC definition of PCMH as stated <a href="#">here</a> .	7/1/2023
Pediatric Services	Pay no less than the fee-for-service fee schedule	7/1/2023
Personal Care Behavioral Health Certification Enhancement	Pay no less than the fee-for-service fee schedule	7/1/2022
Personal Care Shift Differential	MCOs must maintain this incremental \$0.19 per 15-minute increase to the shift differential modifier for personal care consistent with preprint.	7/1/2022

**ARTICLE III: CONTRACT TERMS AND CONDITIONS**

2. **Section 3.07.08 Compliance Audit and Corrective Action** is amended by **REPLACING** the first sentence with the following: “The Annual Managed Care Appeals and Grievance Audit will consist of a focused review of key elements of the Contractor’s compliance program ([42 CFR § 438.608](#)) and will assess adherence to the Contractor’s written compliance plan including all relevant operating policies, procedures, workflows, and relevant chart of organization.”

**ATTACHMENT A: SCHEDULE OF IN-PLAN BENEFITS**

3. This Attachment is amended by **REPLACING** the second paragraph of the Family Planning Services Scope of Benefit language with the following: “Abortion Services, as medically necessary and to the extent permitted under RI General Law – RIGL §42-12.3-3.”

**ATTACHMENT J: CONTRACTOR’S CAPITATION RATES SFY 2024**

4. This Attachment is amended by **DELETING** the Attachment in its entirety and **REPLACING** it with a new ATTACHMENT J “State Fiscal Year 2024 Risk Adjustment Medicaid Managed Care Program dated August 10, 2023.”

*[please see table on page 5]*

**ATTACHMENT L: RATE-SETTING PROCESS**

5. This Attachment is amended by **DELETING** the Attachment in its entirety and **REPLACING** it with a new ATTACHMENT L “State Fiscal Year 2024 Medicaid Managed Care Capitation Rate

Amendment – July 1, 2023 through June 30, 2024 – Dated August 9, 2023 and State Fiscal Year 2024 Risk Adjustment Medicaid Managed Care Program dated August 10, 2023”.

**ATTACHMENT O: MENTAL HEALTH, SUBSTANCE USE AND DEVELOPMENTAL DISABILITY SERVICES FOR CHILDREN**

6. This Attachment is amended by ***REPLACING*** the Triple Aim Approach table in the **Outpatient Services – Home and Community Based Services for Individuals under Age 21 Years of Age – 2. Goals** section with the table shown below:

<b>Improve Care and Access</b>	<ul style="list-style-type: none"> <li>• Improve overall health and quality of life of children and families</li> <li>• Improve family ability to manage symptoms/behaviors in the home</li> <li>• Improve ability for children to thrive in their communities</li> </ul>
<b>Reduce Cost</b>	<ul style="list-style-type: none"> <li>• Decrease utilization of the ER</li> <li>• Decrease utilization of higher costs settings such as hospitals or residential placements</li> <li>• Encourage alternative payment methodologies for these services</li> </ul>
<b>Improve Quality</b>	<ul style="list-style-type: none"> <li>• Promote evidence-based practices</li> <li>• Encourage provider incentives to improve quality of care</li> </ul>

**ATTACHMENT Q: CARE MANAGEMENT PROTOCOLS FOR ALL MEMBERS**

7. **Section 3.07.04 Other Special Populations** is amended by ***DELETING*** the first two (2) bullet points under the second paragraph and **REPLACING** them with the following:

- “The RI Department of Behavioral Healthcare, Developmental Disabilities and Hospitals (BHDDH)
- The RI Department of Corrections (RIDOC)”

State of Rhode Island Executive Office of Health and Human Services SFY 2024 Risk Adjustment UnitedHealthcare Risk Adjusted Rates																
Rate Cell	January 2023 Enrollment	Effective Rate Less CTC PMPM	Adjusted Risk Score	Initial Risk Adjusted Rate	Initial Budget Neutrality Adjustment	Budget Neutral Risk Adjusted Rate	Vaccine Assessment PMPM	Adjusted CTC PMPM	Adjusted Premium Tax PMPM	Risk Adjusted Full Rate	Budget Neutrality Adjustment	Final Adjusted Rate	0.5% Withhold	Adjusted Rate Less Withhold	Baseline Medical Expense Less CTC	Adjusted Baseline Medical Expense
<b>Rite Care</b>																
RC - MF<1	1,238	\$ 766.02	1.0000	\$ 766.02	1.0000	\$ 766.02	\$ 0.00	\$ 2.35	\$ 15.68	\$ 784.05	1.0001	\$ 784.13	\$ 3.92	\$ 780.21	\$ 693.25	\$ 695.67
RC - MF 1-5	8,268	231.11	1.0244	236.75	1.0023	237.29	-	2.35	4.89	244.53	1.0002	244.58	1.22	243.36	209.16	217.14
RC - MF 6-14	18,057	211.22	1.0244	216.37	0.9988	216.07	-	2.35	4.48	222.88	0.9999	222.86	1.11	221.75	191.16	197.88
RC - M 15-44	8,999	258.35	1.0351	267.42	1.0004	267.53	3.05	0.91	5.54	277.03	1.0000	277.03	1.39	275.64	235.75	245.03
RC - F 15-44	18,312	394.55	1.0351	408.40	1.0009	408.77	4.91	0.38	8.45	422.51	1.0000	422.51	2.11	420.40	360.03	373.39
RC - MF 45+	4,862	809.35	1.0351	830.74	0.9971	828.91	6.24	-	12.06	848.11	1.0000	848.11	3.24	844.87	556.03	573.88
RC - EFP	222	18.87	1.0000	18.87	1.0000	18.87	-	-	0.34	17.21	1.0000	17.21	-	17.21	14.93	14.93
<b>Rite Care - Composite</b>	<b>53,758</b>	<b>\$ 322.54</b>		<b>\$ 332.19</b>		<b>\$ 332.15</b>	<b>\$ 2.43</b>	<b>\$ 1.35</b>	<b>\$ 6.86</b>	<b>\$ 342.79</b>		<b>\$ 342.79</b>	<b>\$ 1.71</b>	<b>\$ 341.08</b>	<b>\$ 293.45</b>	<b>\$ 303.55</b>
<b>Children with Special Healthcare Needs</b>																
CSHCN - Adoption Subsidy	462	\$ 796.43	0.9401	\$ 748.72	1.0000	\$ 748.72	\$ 0.39	\$ 2.09	\$ 15.33	\$ 766.53	0.9999	\$ 766.45	\$ 3.83	\$ 762.62	\$ 712.81	\$ 672.13
CSHCN - Katie Beckett	39	4,036.94	0.8029	3,241.26	1.0811	3,504.13	0.56	1.99	71.56	3,578.24	1.0000	3,578.24	17.89	3,560.35	3,063.80	3,208.26
CSHCN - Katie Beckett Case Management	n/a	116.81	1.0000	116.81	1.0000	116.81	-	-	2.38	119.19	1.0000	119.19	-	119.19	108.88	108.88
CSHCN - SSI < 15	812	1,991.39	0.8029	1,598.89	1.0006	1,599.85	-	2.35	32.70	1,634.90	0.9999	1,634.74	8.17	1,626.57	1,822.12	1,466.06
CSHCN - SSI >= 15	573	1,403.79	0.8029	1,127.10	0.9916	1,117.63	2.86	0.94	22.89	1,144.32	1.0000	1,144.32	5.72	1,138.60	1,284.47	1,023.58
CSHCN - Substitute Care	-	1,008.98	1.0000	1,008.98	1.0000	1,008.98	1.78	1.50	20.82	1,030.88	1.0000	1,030.88	5.15	1,025.73	901.24	902.74
<b>CSHCN - Composite</b>	<b>1,916</b>	<b>\$ 1,550.45</b>		<b>\$ 1,272.92</b>		<b>\$ 1,275.84</b>	<b>\$ 0.97</b>	<b>\$ 1.85</b>	<b>\$ 26.10</b>	<b>\$ 1,304.76</b>		<b>\$ 1,304.67</b>	<b>\$ 6.52</b>	<b>\$ 1,298.15</b>	<b>\$ 1,414.57</b>	<b>\$ 1,165.32</b>
<b>Medicaid Expansion</b>																
ME - F 19-24	3,528	\$ 332.71	1.0331	\$ 343.72	0.9988	\$ 343.24	\$ 6.24	\$ 0.00	\$ 7.13	\$ 356.61	1.0000	\$ 356.61	\$ 1.78	\$ 354.83	\$ 303.60	\$ 313.21
ME - F 25-29	2,347	484.33	1.0331	500.36	1.0027	501.71	6.24	-	10.37	518.32	1.0000	518.32	2.59	515.73	441.95	457.81
ME - F 30-39	2,722	640.18	1.0331	661.37	1.0020	662.69	6.24	-	13.65	682.58	1.0000	682.58	3.41	679.17	584.16	604.71
ME - F 40-49	2,241	788.50	1.0331	814.60	0.9985	813.38	6.24	-	16.73	836.35	1.0000	836.35	4.18	832.17	719.51	742.22
ME - F 50-64	7,132	868.92	1.0331	897.68	0.9965	894.54	6.24	-	18.38	919.16	1.0000	919.16	4.80	914.56	792.89	816.26
ME - M 19-24	3,703	229.93	1.0331	237.54	0.9997	237.47	6.24	-	4.97	248.68	1.0001	248.70	1.24	247.46	209.81	216.70
ME - M 25-29	2,954	372.37	1.0331	384.70	1.0070	387.39	6.24	-	8.03	401.66	1.0000	401.66	2.01	399.65	339.79	353.50
ME - M 30-39	4,904	573.31	1.0331	592.29	1.0058	595.73	6.24	-	12.29	614.28	1.0000	614.26	3.07	611.19	523.15	543.80
ME - M 40-49	3,120	800.49	1.0331	826.99	1.0013	828.07	6.24	-	17.03	851.34	1.0000	851.34	4.26	847.08	730.45	755.61
ME - M 50-64	6,307	900.58	1.0331	930.39	0.9977	928.25	6.24	-	19.07	953.56	1.0000	953.56	4.77	948.79	821.78	847.03
<b>Medicaid Expansion - Composite</b>	<b>38,958</b>	<b>\$ 640.63</b>		<b>\$ 661.84</b>		<b>\$ 661.69</b>	<b>\$ 6.24</b>	<b>\$ 0.00</b>	<b>\$ 13.63</b>	<b>\$ 681.56</b>		<b>\$ 681.56</b>	<b>\$ 3.41</b>	<b>\$ 678.16</b>	<b>\$ 584.58</b>	<b>\$ 603.79</b>
<b>Rhody Health Partners</b>																
RHP - ID	376	\$ 1,363.55	1.0035	\$ 1,368.32	1.0003	\$ 1,368.73	\$ 6.24	\$ 0.00	\$ 28.06	\$ 1,403.03	1.0000	\$ 1,403.03	\$ 7.02	\$ 1,396.01	\$ 1,254.46	\$ 1,259.23
RHP - SPMI	1,076	3,091.56	1.0035	3,102.38	0.9975	3,094.62	6.24	-	63.28	3,164.14	1.0000	3,164.14	15.82	3,148.32	2,844.23	2,847.04
RHP - Other Disabled 21-44	1,401	1,413.24	1.0035	1,418.19	1.0078	1,429.25	6.24	-	29.30	1,464.79	1.0000	1,464.79	7.32	1,457.47	1,300.18	1,314.91
RHP - Other Disabled 45+	3,094	2,028.56	1.0035	2,035.66	0.9983	2,032.20	6.24	-	41.60	2,080.04	1.0000	2,080.04	10.40	2,069.64	1,866.28	1,869.63
<b>RHP - Composite</b>	<b>5,947</b>	<b>\$ 2,033.89</b>		<b>\$ 2,041.01</b>		<b>\$ 2,040.43</b>	<b>\$ 6.24</b>	<b>\$ 0.00</b>	<b>\$ 41.77</b>	<b>\$ 2,088.44</b>		<b>\$ 2,088.44</b>	<b>\$ 10.44</b>	<b>\$ 2,078.00</b>	<b>\$ 1,871.18</b>	<b>\$ 1,877.20</b>
<b>SOBRA</b>																
SOBRA	n/a	18,180.13	1.0000	18,180.13	1.0000	18,180.13	-	-	371.02	18,551.15	1.0000	18,551.15	-	18,551.15	17,543.82	17,543.82
<b>All Populations - Composite</b>	<b>100,579</b>	<b>\$ 570.33</b>		<b>\$ 578.83</b>		<b>\$ 578.78</b>	<b>\$ 4.10</b>	<b>\$ 0.76</b>	<b>\$ 11.91</b>	<b>\$ 595.55</b>		<b>\$ 595.55</b>	<b>\$ 2.98</b>	<b>\$ 592.58</b>	<b>\$ 520.86</b>	<b>\$ 529.31</b>

Notes:  
 1. January 2023 Enrollment reflects all members fully eligible as of January 2023, including those who were not scored.  
 2. CSHCN - Katie Beckett Case Management and SOBRA payments are excluded for purposes of the illustrated January 2023 composites.  
 3. Values have been rounded.

**IN WITNESS HERETO**, the parties have caused this Amendment 12 to the Agreement to be executed under Seal by their duly authorized officers or representatives as of the day and year stated below:

**STATE OF RHODE ISLAND  
EXECUTIVE OFFICE OF  
HEALTH AND HUMAN SERVICES:**

**UNITEDHEALTHCARE OF NEW  
ENGLAND:**

BY:

BY:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

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(Printed Name)

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